

EJ520789935US

UTILITY PATENT APPLICATION TRANSMITTAL
(Large Entity)*(Only for new nonprovisional applications under 37 CFR 1.53(b))*Docket No.
VM6010.2CIP

Total Pages in this Submission

612

TO THE ASSISTANT COMMISSIONER FOR PATENTSBox Patent Application
Washington, D.C. 20231

Transmitted herewith for filing under 35 U.S.C. 111(a) and 37 C.F.R. 1.53(b) is a new utility patent application for an invention entitled:

SURGICAL DEVICE WITH MALLEABLE SHAFT

and invented by:

LOOPER et al.If a **CONTINUATION APPLICATION**, check appropriate box and supply the requisite information:☒ **Continuation** ☐ **Divisional** ☒ **Continuation-in-part (CIP)** of prior application No.: 9/432,523

Which is a:

☒ **Continuation** ☐ **Divisional** ☐ **Continuation-in-part (CIP)** of prior application No.: 8/936,394

Which is a:

☒ **Continuation** ☐ **Divisional** ☐ **Continuation-in-part (CIP)** of prior application No.: _____

Enclosed are:

Application Elements

1. ☒ Filing fee as calculated and transmitted as described below
2. ☒ Specification having 36 pages and including the following:
 - a. ☒ Descriptive Title of the Invention
 - b. ☒ Cross References to Related Applications *(if applicable)*
 - c. ☐ Statement Regarding Federally-sponsored Research/Development *(if applicable)*
 - d. ☐ Reference to Microfiche Appendix *(if applicable)*
 - e. ☒ Background of the Invention
 - f. ☒ Brief Summary of the Invention
 - g. ☒ Brief Description of the Drawings *(if drawings filed)*
 - h. ☒ Detailed Description
 - i. ☒ Claim(s) as Classified Below
 - j. ☒ Abstract of the Disclosure

02 - 20 - 01

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UTILITY PATENT APPLICATION TRANSMITTAL (Large Entity)

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Accompanying Application Parts (Continued)

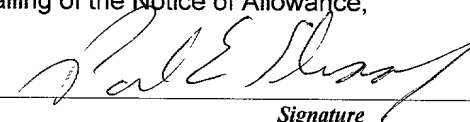
15. ☐ Certified Copy of Priority Document(s) (if foreign priority is claimed)
16. ☐ Additional Enclosures (please identify below):

Fee Calculation and Transmittal

CLAIMS AS FILED

For	#Filed	#Allowed	#Extra	Rate	Fee
Total Claims	52	- 20 =	32	x \$18.00	\$576.00
Indep. Claims	8	- 3 =	5	x \$80.00	\$400.00
Multiple Dependent Claims (check if applicable) <input type="checkbox"/>					\$0.00
BASIC FEE					\$710.00
OTHER FEE (specify purpose) _____					\$0.00
TOTAL FILING FEE					\$1,686.00

- ☐ A check in the amount of _____ to cover the filing fee is enclosed.
- ☒ The Commissioner is hereby authorized to charge and credit Deposit Account No. 01-0485 as described below. A duplicate copy of this sheet is enclosed.
- ☒ Charge the amount of \$1,686.00 as filing fee.
- ☒ Credit any overpayment.
- ☒ Charge any additional filing fees required under 37 C.F.R. 1.16 and 1.17.
- ☐ Charge the issue fee set in 37 C.F.R. 1.18 at the mailing of the Notice of Allowance, pursuant to 37 C.F.R. 1.311(b).



Signature

Paul E. Schaafsma Reg No., 32,664

Dated: 16 February 2001

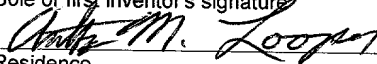
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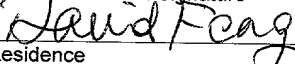
POWER OF ATTORNEY: As a named inventor, I hereby appoint the following attorney(s) and/or agent(s) to prosecute this application and transact all business in the Patent and Trademark Office connected therewith. *(list name and registration number)*

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CERTIFICATE OF MAILING BY "EXPRESS MAIL" (37 CFR 1.10)Applicant(s): **LOOPER et al.**

Docket No.

VM6010.2CIP

Serial No.

Filing Date

Examiner

Group Art Unit

Invention: **SURGICAL DEVICE WITH MALLEABLE SHAFT**J1017 U.S. PTO
09/78537#
02/16/01I hereby certify that this Patent Application*(Identify type of correspondence)*

is being deposited with the United States Postal Service "Express Mail Post Office to Addressee" service under 37 CFR 1.10 in an envelope addressed to: The Assistant Commissioner for Patents, Washington, D.C. 20231 on 16 February 2001
(Date)

Kimberly C. Diliberti*(Typed or Printed Name of Person Mailing Correspondence)*Kimberly C. Diliberti*(Signature of Person Mailing Correspondence)*EJ520789935US*("Express Mail" Mailing Label Number)***Note: Each paper must have its own certificate of mailing.**